

Department of Social and Health Services

DP Code/Title: M1-00 Mandatory Workload Changes

Agency Wide

There are 5 Programs in this DP

Budget Period: 2001-03 Version: 32 2001-03 Agency Request 2003 Sup

Recommendation Summary Text:

Program(s): 020

The Juvenile Rehabilitation Administration (JRA) requests funding for workload increases based on the June 2002 Forecast accepted by the Caseload Forecast Council (CFC). In addition, JRA requests funding for specific maintenance level items.

Program(s): 030

This request would fund workload increases for Child Study and Treatment Center (CSTC), Western State Hospital (WSH) and Eastern State Hospital (ESH). These staff are needed to meet the needs of growing populations of patients with developmental disabilities at CSTC and WSH, increases in the number of high needs inpatient children at CSTC, and an increased forensic census at ESH.

Program(s): 050

This decision package requests funding for costs associated with the professional staff necessary to verify Medicaid eligibility, assess functional disability, ensure Quality Assurance, and coordinate the delivery of appropriate and cost-effective services for the anticipated caseloads in all Long-Term Care (LTC) settings. This step is based on the October 2002 Caseload Forecast Council (CFC) update.

Program(s): 080

The Medical Assistance Administration (MAA) requests additional positions needed to continue meeting customer needs in an effective and timely fashion. The increased need is primarily driven by increases in the number of disability determinations, as projected by the Social Security Administration (SSA), and by forecasted growth in the MAA client caseload. The standard workload adjustment for the estimated maintenance level caseload increase includes 17.5 FTEs in Fiscal Year 2003 for MAA. This number includes 8.5 FTEs for the Division of Disability Determination Services (DDDS), based on SSA projections.

Fiscal Detail:

Operating Expenditures

	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
001-1 General Fund - Basic Account-State	0	4,178,000	4,178,000
001-2 General Fund - Basic Account-Federal	0	478,000	478,000
001-7 General Fund - Basic Account-Private/Local	0	475,000	475,000
001-C General Fund - Basic Account-DSHS Medicaid Federa	0	1,558,000	1,558,000
Total Cost	0	6,689,000	6,689,000

Staffing

	<u>FY 1</u>	<u>FY 2</u>	<u>Annual Avg</u>
Agency FTEs	0.0	114.3	57.2

Package Description:

Program(s): 020

The JRA workload step is based on the June 2002 Caseload Forecast accepted by the CFC, which anticipates no change for Fiscal Year 2003. This forecast results in no change to the resident bed plan or the parole caseload.

1. Diagnostic Services Increase: Reflects an adjustment based on Fiscal Year 2002 data comparing the number of diagnostics completed to the number of residential beds. This comparison resulted in a ratio of 1:4 diagnostics for each residential bed.
2. Suicide Precaution Level (SPL) Watches: Funding is requested for staff to monitor youth placed on SPL as defined in JRA Bulletin #24. SPLs are determined by the completion of the Suicide Risk Assessment (SRA) tool at the time of intake or when a change in a youth's SPL may be warranted. Staff must place a youth on one of four SPLs when indicated by the SRA. SPL1 is the most serious and staff intensive level.
3. Echo Glen Children's Center Security Staffing: Funding is requested to provide 24-hour security coverage for a youth at Children's Hospital. Costs are estimated for a six-month period.

Department of Social and Health Services

DP Code/Title: M1-00 Mandatory Workload Changes

Agency Wide

There are 5 Programs in this DP

Budget Period: 2001-03 Version: 32 2001-03 Agency Request 2003 Sup

4. Maple Lane School Cost Recovery: This reflects a recovery of funds related to goods and services for the closure of a 64-bed unit. The Fiscal Year 2002 reduction proposal was based on actual expenditures for a specified 64-bed unit. This living unit's population consisted of JRA youth which are considered mainstream (non-mental health). The Fiscal Year 2002 supplemental budget reduced funding by an established per youth rate. This per youth rate is based on the JRA overcrowding formula and does not take into consideration the varying per youth costs of specific populations within Maple Lane School.

5. Maple Lane School Two-Week Extension of Columbia Living Unit: Funding is requested to fund a two-week extension of Columbia Living Unit, which was scheduled for closure at the end of Fiscal Year 2002. Maple Lane School had an ADP of 261 at the end of June 2002 with a rated capacity of 236 due to supplemental budget reductions. The 64-bed closure was extended for a two-week period due to overcrowding.

6. Intermittent Staffing Costs: Funding is included in this request for direct care staff in JRA residential facilities to allow staff coverage at 1.7 FTEs per seven-day shift, which is the OFM recommended staffing level for intermittent, overtime, and holiday pay. Staff absences adversely affect the authorized staffing level (justified by the custody staffing standards) of each JRA facility. These standards describe the minimum level of staff needed to promote rehabilitative treatment and ensure secure supervision of residents. These staffing standards have been implemented throughout JRA, but the level of funding has not kept pace, primarily in the area of intermittent usage. Intermittents are only called in for absences if staffing falls below a critical minimum level. Funding in the existing JRA institutions and community facility budgets is inadequate to provide coverage for all staff absences. This request addresses the budget shortfall and provides limited funds to call in intermittent staff to keep staff at critical minimum levels. This request is for a three-month period.

7. Naselle Youth Camp - Staff Housing Maintenance Costs: Funding is requested for the ongoing maintenance of Naselle Youth Camp's staff housing. Naselle Youth Camp's current budget is not funded for the additional staff hours and maintenance costs associated with the routine maintenance of these housing units. Staff living in these units pay monthly rent, which is transmitted to the the State-General Fund on a monthly basis. Funding of this request will ensure basic maintenance and safety needs of housing residents are met.

8. Restoration of Parole FTEs: This FTE request is based upon two factors. The first is that a number of counties have made decisions to no longer provide parole services. Therefore, it was necessary for JRA to hire state staff to provide parole services. The second factor is that the 2002 Supplemental Budget required the department to restructure parole services and to provide services in a more efficient and effective manner. With this policy direction, a significant FTE reduction was included. The department has restructured parole services and under the current design to utilizing state staff to provide parole services based upon research-based analysis. Therefore, the reduced FTE authority needs to be reinstated to reflect the restructured parole services. No funding is needed for this item.

9. Mission Creek Youth Camp - Return of Funds: Funds are being returned due to the tentative leasing of Mission Creek Youth Camp by the Department of Corrections.

Program(s): 030

ESH is currently funded and staffed for 83 forensic beds. However, their forensic census for the past year has averaged 92 beds. This request will provide the necessary funding and FTEs (10.2) to support 90 beds or 3 wards.

CSTC has experienced an increase in two patient populations, both of which require increased staffing. The number of developmentally disabled (DD) patients nearly doubled in Fiscal Year 2001 from the previous year. Individualized treatment modalities and safety measures for DD patients can only be realized by increases in staffing levels. In addition, CSTC has experienced an increase in the numbers of adolescent patients with special needs. These children can be (and many are) spontaneously violent; the majority have histories of inappropriate sexual behavior; some are very psychotic and cannot attend school. Because some patients must be maintained in the cottage, staff are split between school and cottage; staffing needs are increased. This request includes 3.5 FTEs to meet the needs of DD patients and 3.0 FTEs to increase staffing for high needs inpatient children.

The Habilitative Mental Health Treatment Program (HMHTP) (Phase 3) within WSH serves patients who, in addition to the

Department of Social and Health Services

DP Code/Title: M1-00 Mandatory Workload Changes

Agency Wide

There are 5 Programs in this DP

Budget Period: 2001-03 Version: 32 2001-03 Agency Request 2003 Sup

behavioral or mental conditions which led to their hospitalization, are also developmentally disabled. The program was developed and implemented as a result of a federal lawsuit (Allen Et, AL. vs. Western State Hospital) and became operational in April 2000. Initially, the program was developed to serve 24 patients with 59.0 funded FTEs. Currently, the Habilitative Program is serving 47 patients and is utilizing approximately 89.0 FTEs. The program was intended to be housed in a unit that is "distinct and physically separate from units serving persons with acute and chronic mental illness." Because of the growth in this program, portions of the population are housed on three wards. In two wards, the DD patients are co-located with patients with both acute and chronic mental health patients. This request would fund the 30 FTEs necessary to the HMHTP operations and allow the program to be separately housed in two co-located wards.

Program(s): 050

This decision package reflects the costs associated with the professional staff necessary to verify Medicaid eligibility, assess functional disability, and coordinate the delivery of appropriate and cost-effective services for the anticipated caseloads in all long-term care settings. The number of staff required for these activities is driven by the number of clients receiving services provided through the programs managed by Aging and Adult Services Administration (AASA).

The AASA workload model provides an estimate of needed staffing based on the number of hours required to manage a specific case and the number of clients in the caseload. Caseload estimates used for these calculations are from the CFC October 2002 Forecast.

	FY03
Nursing Facilities	12,901
Adult Family Homes	3,294
Adult Residential Care	1,422
Assisted Living	3,921

Adult Protective Services (APS) staffing needs as well as staffing requirements for community residential licensing are also included in this request.

A significant driver of this FTE request is the increase in the APS population. Caseload is estimated to be a total of 8,970 for Fiscal Year 2003. Significant education regarding the requirements for certain groups of professionals who are "mandated reporters" to call in reports of suspected abuse of vulnerable adults and high levels of publicity for the ENDHARM toll free lines are expected to result in continuing increases in the APS caseload.

Additional FTEs will allow for growth in the number of licensed boarding homes and adult family homes.

Program(s): 080

MAA has experienced a steadily increasing demand for administrative resources due to the effects of several significant Medicaid eligibility expansions since 1989. The major expansions include:

- 1989: Children to age eight up to 100 percent of the Federal Poverty Level (FPL)
- 1989: Pregnant women up to 185 percent of FPL (First Steps)
- 1990: Children ages one to five up to 133 percent of FPL
- 1991: Insurance coverage for certain AIDS patients
- 1992: Children to age 19 up to 100 percent of FPL
- 1993: Healthy Options (Medicaid managed care)
- 1994: Children to age 19 to 200 percent of FPL
- 2000: Children to age 19 to 200 percent to 250 percent of FPL (State Children's Health Insurance Program (SCHIP))
- 2001: Women with breast and/or cervical cancer up to 200 percent of FPL
- 2001: Family planning for men and women up to 200 percent of FPL (Take Charge)
- 2002: Healthcare for Workers with Disabilities up to 220 percent of FPL.

With the implementation of the Healthy Options managed care program in 1993, MAA was required to operate two distinct health care delivery systems: fee-for-service and managed care.

Department of Social and Health Services

DP Code/Title: M1-00 Mandatory Workload Changes

Agency Wide

There are 5 Programs in this DP

Budget Period: 2001-03 Version: 32 2001-03 Agency Request 2003 Sup

Caseload growth, in addition to that experienced as a result of program expansions, stems from social and economic conditions including:

- Continued declines in the number of persons who have private health insurance.
- Loss of manufacturing jobs as Washington State transitions to a more service-based economy and the accompanying rise in the number of low-wage workers without employer-provided health insurance.
- Rising numbers of elderly persons who are unable to meet the costs of long-term care.

Together, these factors have resulted in steady increases in the number of persons who are eligible for state-funded medical assistance. With this increase, the need for adequate customer service and other program management resources also rises. MAA will continue to spend less than three percent of its total budget on the costs of program administration. This request reflects the estimate of additional personnel resources needed to maintain customer-driven operations at current levels of effectiveness, ensuring timely access to appropriate medical care for nearly 900,000 medical assistance beneficiaries.

The standard workload adjustment for the estimated Maintenance Level caseload increase includes 17.5 FTES in Fiscal Year 2003.

Narrative Justification and Impact Statement

How contributes to strategic plan:

Program(s): 020

The forecast is used as a budget driver to meet the strategic plan goal of program accountability. The forecast provides a benchmark to determine a level of funding that ensures the program is accountable for its resources.

Program(s): 030

Providing adequate staffing contributes to the goal of ensuring quality, cost effective medical and clinical care. This promotes the health and safety of both clients and staff.

Program(s): 050

The decision package supports the AASA goals of: Providing Public Value, and Addressing Client and Family Needs.

The decision package supports the agency balanced scorecard goals pertaining to Client Health and Safety.

The decision package supports the Governor's Goal 1 to increase the safety and security of Washington State residents.

Program(s): 080

The requested FTEs are required so MAA can continue effective administration of medical assistance programs by:

- Providing accurate and timely processing of client eligibility, provider enrollment, contract negotiations and management, and other essential program administration functions.
- Responding in a timely manner to provider and client 1-800 system inquiries.
- Processing claims in accordance with federal requirements in order to continue to secure Federal Financial Participation (FFP).
- Making disability determinations that meet federal timeliness and accuracy requirements.
- Enrolling clients in managed care plans on a timely basis to meet contract requirements.

Department of Social and Health Services

DP Code/Title: M1-00 Mandatory Workload Changes

Agency Wide

There are 5 Programs in this DP

Budget Period: 2001-03 Version: 32 2001-03 Agency Request 2003 Sup

These and other activities enable MAA to assure access to high quality health care.

Performance Measure Detail

Program: 020

Goal: 06B Reduce repetitive criminal behavior.

Incremental Changes

FY 1

FY 2

Output Measures

2B2	Average daily population of community residential facilities.	0	0
6B2	Average daily population of institutional residential facilities.	0	0
6B7	Average daily population of intensive parole	0	0
6B9	Average daily population of sex offender parole	0	0
6BE	Average daily population of research-based parole	0	0

Program: 030

Goal: 02C Enhance safety for consumers, employees and the public

Incremental Changes

FY 1

FY 2

No measures submitted for package

Goal: 04C Ensure public mental health works for most seriously, chronically, mentally ill

Incremental Changes

FY 1

FY 2

No measures submitted for package

Goal: 11C Ensure infrastructure of state hospitals provides a safe and secure environment

Incremental Changes

FY 1

FY 2

No measures submitted for package

Program: 050

Goal: 02E Address Client and Family Needs

Incremental Changes

FY 1

FY 2

No measures submitted for package

Goal: 05E Provide Public Value

Incremental Changes

FY 1

FY 2

No measures submitted for package

Program: 080

Goal: 04H Enhance customer focused orientation within MAA using CQI.

Incremental Changes

FY 1

FY 2

No measures submitted for package

Goal: 10H Assure access to high quality health care

Incremental Changes

FY 1

FY 2

No measures submitted for package

Reason for change:

Program(s): 020

This proposal is necessary to meet existing and ongoing requirements.

Program(s): 030

The additional staff will allow for continuation of current services.

Program(s): 050

Staffing demands are driven by the number of clients receiving services provided through the programs managed by AASA.

This estimate maintains the Aging and Adult Services Administration's workload formula adopted during the 1997-99

Department of Social and Health Services

DP Code/Title: M1-00 Mandatory Workload Changes

Agency Wide

There are 5 Programs in this DP

Budget Period: 2001-03 Version: 32 2001-03 Agency Request 2003 Sup
Biennium.

A significant driver in this FTE request is an anticipated increase in the Adult Protective Services caseload.

Program(s): 080

Growth in the fee-for-service-based MAA caseload translates into higher workloads in provider toll-free lines, coordination of benefits, claims processing, prior authorization, quality utilization, and exception case management. Growth in childrens' caseload increases the demand for related eligibility determinations, managed care enrollments, computer support, and provider/client toll-free lines.

For DDDS, the workload has increased due to the Department of Social and Health Services initiative to move recipients from General Assistance-Unemployable (GA-U), Temporary Assistance for Needy Families, and other programs to Supplemental Security Income. The DDDS workload is determined by SSA in September of each year. This workload estimate, based on historical trends, may change with the MAA forecast. SSA expects a 35 percent increase in workload through the 2003-05 Biennium. According to the SSA, the basis for the expected workload increases are as follows:

- The Baby Boomer Generation is nearing retirement age.
This percentage of the national population will now begin to apply for SSA benefits, which is going to increase the intake of Disability Determination Services nationwide.
- Washington State's economy is expected to recover at a slower rate than is anticipated for the nation as a whole.
- With Boeing and the Dot-Com Companies layoffs, a portion of these laid-off workers will apply for SSA benefits once unemployment benefits run out, commencing in the ensuing biennium.

Impact on clients and services:

Program(s): 020

Funding this request will allow effective programming and treatment for JRA youth to continue.

Program(s): 030

Potential risk to both patients and staff from patient violence would be reduced. This would help protect the health and safety of clients. This would allow staff to more fully concentrate on providing clinical and the habilitative and rehabilitative services the clients need.

Program(s): 050

Funding the workload change will provide sufficient staffing to continue services at the current level.

Program(s): 080

Approval of this request will allow MAA to make eligibility determinations and respond to provider and client inquiries in a timely manner. It will also allow MAA to adjudicate (determine whether or not to pay) 90 percent of provider claims within 30 days of their receipt, as required by federal rules.

The funding and FTEs will also enable DDDS to make accurate and timely disability determinations according to SSA requirements. The resources requested also allow MAA to maintain managed care voluntary enrollment processing standards and general access to Washington State's medical assistance programs.

Impact on other state programs:

Program(s): 020

None

Program(s): 030

More positive outcomes for these patient populations could have positive impacts for Juvenile Rehabilitation Administration, Division of Developmental Disabilities, local law enforcement, and community mental health providers.

Department of Social and Health Services

DP Code/Title: M1-00 Mandatory Workload Changes

Agency Wide

There are 5 Programs in this DP

Budget Period: 2001-03 Version: 32 2001-03 Agency Request 2003 Sup

Program(s): 050

None

Program(s): 080

By being able to meet our customers needs, clients of the Mental Health Division, Economics Services Administration, Aging and Adult Services Administration, Division of Developmental Disabilities, Children's Administration, Division of Alcohol and Substance Abuse and Juvenile Rehabilitation Administration will be assured access to Medicaid services.

Relationship to capital budget:

Program(s): 020 030 050 080

None

Required changes to existing RCW, WAC, contract, or plan:

Program(s): 020 030 050 080

None

Alternatives explored by agency:

Program(s): 020

This funding request meets existing and ongoing requirements.

Program(s): 030

This request is to continue current operations. No alternatives were considered.

Program(s): 050

Not applicable

Program(s): 080

MAA continues to pursue operations process improvements. An example of this effort is in the Claims Processing Section. In April 2001, the Executive Leadership Team asked the Claims Processing Section to continue to explore possibilities of gaining further efficiencies within the section. The Transition Team addressed three areas:

- Reorganizing the claims processing section to allow for more effective and efficient processing of MAA claims while gradually lowering the total number of staff required for operation through attrition.
- Assuming all or part of the front-end mail processing, scanning, and microfilming.
- Achieving cost savings by eliminating the swing shift. These efforts are ongoing.

Budget impacts in future biennia:

Program(s): 020

Residential Bed Plan, Parole, and Diagnostics: The forecast will be revised to impact future biennia.

Program(s): 030

Staffing levels and funding would carry forward into future biennia.

Program(s): 050

This request is caseload driven. The number of case managers, financial workers, and APS staff required in the future will be based on increased or decreased numbers of clients receiving services, as determined by future caseload forecasts.

Program(s): 080

Cost are ongoing.

Distinction between one-time and ongoing costs:

Program(s): 020 030

Costs are to meet ongoing requirements.

Program(s): 050

The funding of case managers is an ongoing cost, dependent on the caseload forecast.

Department of Social and Health Services

DP Code/Title: M1-00 Mandatory Workload Changes

Agency Wide

There are 5 Programs in this DP

Budget Period: 2001-03 Version: 32 2001-03 Agency Request 2003 Sup

Program(s): 080

None

Effects of non-funding:

Program(s): 020

Non-funding would require JRA to reduce services to residents and could contribute to increased recidivism in the future.

Program(s): 030

Operations would not fully meet the clinical, safety, and habilitative or rehabilitative needs of clients, and would put staff in jeopardy of injury due to patient violence. There are no FTEs available that can be moved from other areas within the hospitals.

Program(s): 050

A direct relationship exists between the number of financial eligibility workers and case managers compared to the number of clients who can be managed in AASA's programs. Without appropriate numbers of case managers, there is a risk that clients will not receive appropriate or cost effective services, and the safety of clients may be at risk. The use of the computer-based Comprehensive Assessment form has proven extremely valuable in measuring and monitoring the needs of the state's long-term care population. These Comprehensive Assessments cannot be kept up-to-date without adequate case managers.

Potential growth in the numbers of licensed boarding homes and adult family homes can not be realized without additional FTEs.

Program(s): 080

If funding is not provided, timely adjudication of medical claims will become a larger issue within MAA as the caseload and related claims volume in the fee-for-service based program continue to grow. Likewise, the number of fee-for-service reimbursed providers with claims and/or eligibility related issues will grow with the caseload. Without the funding sought in this decision package, timely responses to provider questions will become more difficult and providers' claims will take longer to process. This will increase the likelihood of providers dropping from the program.

Expenditure Calculations and Assumptions:

Program(s): 020

See attachment - 020 M1-00 Mandatory Workload Changes.xls

Program(s): 030

See attachment - MHD M1-00 Mandatory Workload Adjustments.xls

Program(s): 050

See attachment - AASA M1-00 Mandatory Workload Changes.xls

Program(s): 080

The FTE estimate is based on the June 2002 Caseload Forecast Council projection of the change in the total number of clients eligible for medical assistance, including managed care enrollees and other Categorically Needy eligible persons (Aged, Blind, and Disabled), State-Only Under 18 years of age (H-Kids), GA-U, Medically Indigent, and other MAA administered eligibility groups.

See attachment - MAA M1-94 Mandatory Workload Changes.xls

Department of Social and Health Services

DP Code/Title: M1-00 Mandatory Workload Changes

Agency Wide

There are 5 Programs in this DP

Budget Period: 2001-03 Version: 32 2001-03 Agency Request 2003 Sup

<u>Object Detail</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Overall Funding			
A Salaries And Wages	0	4,317,000	4,317,000
B Employee Benefits	0	1,229,000	1,229,000
E Goods And Services	0	673,000	673,000
G Travel	0	91,000	91,000
N Grants, Benefits & Client Services	0	308,000	308,000
S Interagency Reimbursements	0	71,000	71,000
Total Objects	0	6,689,000	6,689,000

DSHS Source Code Detail

<u>Overall Funding</u>	<u>FY 1</u>	<u>FY 2</u>	<u>Total</u>
Fund 001-1, General Fund - Basic Account-State			
<u>Sources</u> <u>Title</u>			
0011 General Fund State	0	4,178,000	4,178,000
<i>Total for Fund 001-1</i>	0	4,178,000	4,178,000
Fund 001-2, General Fund - Basic Account-Federal			
<u>Sources</u> <u>Title</u>			
001B Social Security Disability Ins (100%)	0	478,000	478,000
<i>Total for Fund 001-2</i>	0	478,000	478,000
Fund 001-7, General Fund - Basic Account-Private/Local			
<u>Sources</u> <u>Title</u>			
5417 Contributions & Grants	0	475,000	475,000
<i>Total for Fund 001-7</i>	0	475,000	475,000
Fund 001-C, General Fund - Basic Account-DSHS Medicaid Federa			
<u>Sources</u> <u>Title</u>			
19TA Title XIX Assistance (FMAP)	0	528,000	528,000
19UG Title XIX Admin (75%)	0	58,000	58,000
19UL Title XIX Admin (50%)	0	972,000	972,000
<i>Total for Fund 001-C</i>	0	1,558,000	1,558,000
Total Overall Funding	0	6,689,000	6,689,000

Funding Totals by Program

Dollars in Thousands

	<u>FTE's</u>		<u>GF-State</u>		<u>Total Funds</u>	
<u>Program</u>	<u>FY 1</u>	<u>FY 2</u>	<u>FY 1</u>	<u>FY 2</u>	<u>FY 1</u>	<u>FY 2</u>
020 Juvenile Rehabilitation Admin	0.0	36.7	0	1,325	0	1,378
030 Mental Health	0.0	46.7	0	1,967	0	2,768
050 Long Term Care Services	0.0	13.4	0	619	0	1,492
080 Medical Assistance	0.0	17.5	0	267	0	1,051
150 Info Sys Svcs Div	0.0	0.0	0	0	0	0
Grand Total:	0.0	114.3	0	4,178	0	6,689